

ADDRESS ALL INVOICES TO:

Victor Valley Union High School District 16350 Mojave Drive Victorville, CA 92395 Phone: (760) 955-3201

(309) 665-0171

Fax: (760) 245-3128

| Vendor: | 062795-02 | Attn: |
|---------|------------------|-------|
| Phone: | (800) 288-7750 x | Fax: |

Attn:

Email:

GAGGLE.NET INC. P.O. BOX 1352

BLOOMINGTON, IL 61702

Ship To:

PURCHASE ORDER NUMBER 180788

THIS NUMBER MUST APPEAR ON ALL NVOICES, PACKING SLIPS, PACKAGES & CORRESPONDENCE.

Date:

09/12/2017

Description:

Student Safety Software

COMPUTER INFORMATION SYSTEMS

16350 MOJAVE DRIVE

VICTORVILLE, CA 92392-0000 Phone: () - Fax: () -



FOB SHIP VIA BUYER **PAYMENT TERMS** DESTINATION **UPS** REQ.# REQUESTOR LOCATION **BLDG/DEPT** ROOM 000914 Dr. Audrey Hovannesia COMPUTER INFORMATION S | COMPUTER INFORMA

| | # | Qty | Unit | | | | | | |
|---|----|----------|-------|---|--------------|--------|---------|-----|----|
| - | π | Qty | Offic | Description | Unit Price | P/C | Total | | |
| | 1 | 10000.00 | EACH | Gaggle Safety Management for Google Student (See Invoice 41673) | \$3.7500 | \$0.00 | \$37,50 | DO. | 00 |
| | 2 | 1.00 | EACH | Gaggle One-Day On-site User Training (See quote 41673) | \$2,495.0000 | \$0.00 | 44-171 | | |
| | | | | | | | | | |
| | | | | | | e e | | | |
| L | _1 | | | 01-0000-0-0000-7700-5840-811-0000 \$39,995.00 | | | | Ш | |

ACCOUNTING

| Item | Qty | Desc. | Rec.Date | Ву | Item | Qty | Desc. | Rec.Date | Ву |
|------|-----|-------|----------|----|------|-----|-------|----------|----|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| SUBTOTAL: | \$39,995.0 | 0 |
|------------|------------|---|
| SALES TAX: | \$0.0 | 0 |
| SHIPPING: | \$0.0 | 0 |
| TOTAL: | \$39,995 | O |

Batch Item #

Date Amt

Partial

Complete

Authorized Signature

Page 1 of 1

ACCOUNTING COPY



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT REQUEST FOR CONTRACT/AGREEMENT (MOU) APPROVAL

| | lew 🗸 | Renew | Categorical/LCAP Funds: Yes No |
|--|--------------------------|--|---|
| Con | ntract No: | 017/18-62 | (Issued by VVUHSD Business Services) |
| Form must be typed | | | Req No.: 914 |
| School/Department: | TechEd De | partment | Principal/Supervisor: Dr. Audrey Hovannesian |
| Vendor Name: Gaggl | | | AUG 28 2017 |
| Business License #: | 4-36024 | 122 Con | tact Person: Sonya Hooks |
| Billing Address: P.O. | Box 1352 | Bloomington, IL 617 | 702 |
| Phone: 800-288-7750 |) | Fax: 309-665-0171 | Email: sonya@gaggle.net |
| | | Services to | be provided: |
| Monitoring of student | Google er | Wironment to ensure | cafe use |
| | · oogic ci | TVITOITHEIL TO CHSULE | sale use. |
| Total Cost: \$114,995.0 |)0 I | Budget Acct. Code: | 01-0000-0-0000-7700-5840-811-0000 |
| Contract Start: 09/1/2 | | | End Date: 08/31/2020 |
| Justi | fication fo | r hiring outside con | sultant/company to provide services: |
| Service is provided by | / proprieto | ry coftware cala. W | battand company to provide services: |
| service internally. | proprieta | ly software only. We | e do not have the resources or tools to provide this |
| | | | |
| | How | is this aligned to th | e District's Strategic Plan? |
| Specific Result 4: Ensinclude security and f | sure compr acilities. | ehensive safety stand | lards for constantly evolving needs district-wide, to |
| | | Evaluation Monito | ring and Measurable: |
| Creation of atudant | | | |
| subsequent years to de | termine ou | nment. Number of introduced in the interest of interest of interest of the int | ncidences reported in year 1 as baseline compared to mmunication and user feedback. |
| Initiator: Dr. Audrey | Hovanne | sian | Asst. Supt. Business: Lauri Brown |
| Signature: | a_ | | Signature: Alle BRay |
| Date: 8/21/2017 | | | 0/20/10 |
| Date. | CCOU | VIING- | Date: 5 0 8 1 |
| BUSINESS SERVIC | ES OFFIC | Eni7 NOTE | S: |
| Insurance / Liab | SEP 28 | 2017 | , , |
| W-9 | PA | ID Board A | Approval Date: 8/17/17 |
| Finger print clea | rance | | |



Gaggle.Net, Inc.

P.O. Box 1352, Bloomington, IL 61702-1352

800-288-7750 Fax: 309-665-0171

FEIN:04-3602422

Gaggle Quote# 41673

Prepared for

VICTOR VALLEY UNION HIGH - VICTORVILLE CA

| Service D | Details | | |
|--|----------|------------|-----------|
| Service Description | Quantity | Unit Cost | Total Cos |
| Gaggle Safety Management for Google - Students | 10,000 | \$3.75 | \$37,500 |
| Training | 1 | \$2,495.00 | \$2,49 |
| TOTAL* | | | \$39,99 |
| Does not include any applicable sales tax. | | | |
| Pricing Term: 12 Month | | | |
| Additional Information: Pricing shown is annual fee. | | | |



1 th on rason

Department of the Treasury Internal Revenue Service

Request for Taxpayer **Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

| | 11.11.11.11.11.11.11.11.11.11.11.11.11. | | | 11 (12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 2000.000 | 1 | | | | |
|--|---|---|--|--|----------|---|----------|---------------|----------|------|
| | Name (as shown on your income tax return) Gaggle.Net, Inc. | | | | | | | | | |
| | | | | 13 | | | | | | |
| d | Business name/disregarded entity name, if different from above | | | | | | | NORTH COLUMN | ···× | |
| 398 | Gaggle | | | | | | | | | |
| Print or type Specific Instructions on page | Check appropriate box for federal tax classification: | | ······································ | *************************************** | | *************************************** | T | ************* | | |
| ō | ☐ Individual/sole proprietor ☐ C Corporation ☑ S Corporation | Partnership Trust | Contata | | | | | | | |
| pe | | L . addedap L mast | ostato | | | | | | | |
| 學學 | Limited liability company. Enter the tax classification (C=C corporation, | C. C. normanallan D. market L. L. | | | | | | Exem | pt paye | ee |
| 25 | Corporation, | o=3 corporation, P=partnership) | | | | ******* | | | | 7076 |
| Print or type | [] Oher to the U. 15 | | | | | | | | | |
| D 5 | Other (see instructions) > | | | | | | | | | |
| S. | Address (number, street, and apt. or sulte no.) | Rec | uester's | s name a | nd ac | idress (or | otionall | | | |
| Sp | 2205 E. Empire, Sulte B | | | | | | | | | |
| See | City, state, and ZIP code | | | | | | | | | |
| S | Bloomington, IL 61704 | i i | | | | | Atra | | | |
| | List account number(s) here (optional) | | | | | | AU6 | 27 | 777 | 17 |
| | | | | | | | | 202 02 | | |
| Par | Taxpayer Identification Number (TIN) | | | | | \$ 245 | | | | |
| Enter | your TIN in the appropriate box. The TIN provided must match the na | me given on the "Name" line | So | icial sec | urity | number | | | | |
| to avo | IQ D&CKUD WIThholding. For individuals, this is your social security our | shor/SSAN However for a | | T | 7 | T | т г | | T | 닉 |
| reside | III allen, sole proprietor, or disregarded entity, see the Part I instruction | ne on nago 2 For other | 1 | | - | | _ | | | |
| TIN or | s, it is your employer identification number (EIN). If you do not have a page 3. | number, see How to get a | L | | _ | | J L | | | |
| | | V 200 | Г | | | | | | | |
| numbe | If the account is in more than one name, see the chart on page 4 for ger to enter. | guidelines on whose | LEN | ployer | denti | fication | numbe | r | | |
| | | | 0 | 4 - | . 3 | 6 0 | 2 | 4 2 | 2 | |
| Pari | II Certification | | | | <u></u> | | | 1 | | |
| | penalties of perjury, I certify that: | | | *************************************** | | | | | | |
| | number shown on this form is my correct taxpayer identification num | shor for I am welling for | | 1 x | | | | | | |
| 0 100 | | mer for i stu waiting for a un | mber to | o be iss | ued | to me), a | and | | | |
| Z. Tall | n not subject to backup withholding because: (a) I am exempt from by | ackup withholding, or (b) I ha | ve not | been n | otifie | d by the | Intern | al Re | venue | |
| no | vice (IRS) that I am subject to backup withholding as a result of a failuonger subject to backup withholding, and | ire to report all interest or div | vidends | s, or (c) | the l | RS has i | notified | d me | that I a | am |
| | | | | | | | | | | |
| | a U.S. citizen or other U.S. person (defined below). | | | | | | | | | |
| Certifi | cation instructions. You must cross out item 2 above if you have been you have failed to report all interest and dividends an accurate | en notified by the IRS that yo | ou are c | currently | sub | ject to t | ackup | with | holdin | g |
| | | | | | | | | | | |
| genera | t pald, acquisition or abandonment of secured property, cancellation lly, payments other than interest and dividends, you are not required | to sign the cartification, but | individu | Jal retire | emer | it arrang | ement | (IRA) | , and | |
| instruc | tions on page 4. | to sight the contineation, but | you mu | ior brox | ide y | our corr | ect III | 4. 566 | o tne | |
| Sign | Signature of Co. 1 | | | | | | | | | |
| Here | U.S. person > CARNIE EXT | Date► | 4- | 18- | 17 | | | | | |
| | eral Instructions | · | | | | | | | | |
| | | Note, if a requester gives | you a | form of | her ti | han Forr | n W-9 | to re | quest | |
| Section | references are to the Internal Revenue Code unless otherwise | your TIN, you must use the to this Form W-9. | e requ | eater a | iorm | IT IT IS SU | ıbstan | tially: | similai | r |
| noted. | | Definition of a U.S. pers | an For | fodoro | tow | nurnoac | | | | |
| Purp | ose of Form | considered a U.S. person | if you | are: | ldX | purpose | s, you | are | | |
| A perso | on who is required to file an information return with the IRS must | An Individual who is a U | .S. citiz | zen or l | J.S. r | esident | alien. | | | |
| obtain | your correct taxpayer identification number (TIN) to report, for | * A partnership, corporati | on, cor | nnany | 07 95 | enciatio | n cron | ted o | r | |
| qmaxe | e, income paid to you, real estate transactions, mortgage interest d, acquisition or abandonment of secured property, cancellation | organized in the United S | tates or | r under | the l | aws of t | he Uni | ted S | tates, | |
| of debt | , or contributions you made to an IRA. | An estate (other than a f | | | | | | | | |
| | | | | | | | | | | |

Use Form W-9 only if you are a U.S. person (including a resident

alien), to provide your correct TIN to the person requesting it (the

requester) and, when applicable, to: 1. Certify that the TIN you are giving is correct (or you are waiting for a

- number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt S. Claim exemption from backup withholding it you are a c.s. exempt payee, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on fereign partners share of effectively connected income
- A domestic trust (as defined in Regulations section 301,7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

SEP 28 2017

Cat. No. 10231X

Form W-9 (Rev. 12-2011)



Gaggle.Net, Inc. P.O. Box 1352

Bloomington, IL 61702 Tel: (800) 288-7750 Fax: (309) 665-0171

Gaggle Invoice

| BAN | Date | Invoice # |
|-----------|-----------|-----------|
| 14344-000 | 8/18/2017 | 34612 |

Invoice To

Victor Valley Union High 16350 Mojave Dr Victorville, CA 92395-3655 US Ordered By

Victor Valley Union High 16350 Mojave Dr Victorville, CA 92395-3655 US

Attn: Audrey Hovannesian

| Doc Number | Contract | P.O. No. | Rep | | Group # | Due Date |
|----------------------|---------------------------------|----------------------|--|---|-----------|-------------|
| 11898 | | | SMH | 1 | | 9/17/2017 |
| Item | Description | on | Quantity | | Rate | Amount |
| 1808-S | Gaggle Safety Manager - Student | ment for Google 1 | 10,000 | | 3.75 | 37,500.00 |
| Γraining | Training Onsite | 1 | I | | 2,495.00 | 2,495.00 |
| ServStart ServEnd | 9/1/2017 8/31/2018 | | 24 | | | |
| | | | | | RECEIVE | D |
| | | | | *************************************** | SEP 15 20 | 017 |
| | | | o de la companya de l | FIS | CAL SERV | 'ICES |
| | | K to PO P.O# 1807 | ay 88 | | AUG | 2.8 2017 |
| Thank you for yo | ur business. | 9 15/11 | Tota | ıl | | \$39,995.00 |

www.gaggle.net Safe Tools for 21st Century Learning FEIN - 04-3602422

ACCOUNTING

SEP 28 2017

PAID



Contract for Services

Contract Number: 2017-41673

This contract by and between Gaggle.Net, Inc. (Gaggle), mailing address PO Box 1352, Bloomington, IL 61704 and Victor Valley Union High - Victorville CA (Customer) for good and valuable consideration as set forth hereby agree and contract as follows:

1. Services Provided by Gaggle

Gaggle shall provide the Customer with services as outlined in quote number 41673 included as an appendix and incorporated herein for the duration of the contract term at a price guaranteed herein unless the service changes. In the event of change of services, the term of this agreement remains the same however pricing may vary. Gaggle will notify the Customer of any resulting changes in pricing prior to increase and service change.

2. Contract Term

Service Commencement Date: August 1, 2017

Service Expiration Date: July 31, 2020

3. Services and Payment

Gaggle shall provide services as outlined by the Quote (appendix). Full annual payment is due and payable within 30 days of the receipt of invoice. Customer is responsible for any and all taxes associated with services. If Customer wishes to begin installation before the contract term start date, Customer may be required to pay a pro-rated cost for early started services. Gaggle will notify the Customer of any charges prior to the early commencement of services.

This agreement provides for fixed pricing over the term of contract. The parties recognize that that the number of accounts may vary over the term of the contract. No amendment to pricing shall take place unless the number of active accounts varies by more than 20% from the original contract numbers.

4. Terms and Termination

This agreement shall become effective on the date indicated as the Service Commencement Date in the Contract and shall remain in ful force and effect for the term of the contract as identified in Section 2.

Termination for Cause Either party may terminate this agreement in the event of material breach of a provision of this agreement and the other party fails to cure said breach within 30 days of written notice of said breach. In the event of early termination of the contract by Customer without cause liquidated damages equal to the value of one year's service shall be assessed.

5. Indemnity

The parties shall defend, indemnify, and hold each other harmless from any and all claims arising out their failure to perform their obligations as outline under this Contract and incorporated term.

6. Ownership

All ownership of code and product remains with Gaggle, with the exception of any Customer data and content that was uploaded or created by Customer as a result of Customer's use of Gaggle's services. Customer acknowledges that it is solely responsible for all content and information appearing on the site and Gaggle has no responsibility for the accuracy, completeness or legality of said information.



Contract for Services

Contract Number: 2017-41673

7. Limitation of Liability

In no event shall Gaggle be liable to Customer for any indirect, consequential, incidental, special or punitive damages or lost profits arising out of or related to this agreement or breach thereof, even if advised in advance of the possibility of same. Gaggle's liability to Customer for services, if any, shall not exceed the total amounts paid to Gaggle under the operation of this contract by Customer.

8. Incorporation by Reference

Gaggle's applicable Quote, Terms and Conditions, and Service Level Agreement are hereby acknowledged and incorporated into this contract by reference.

9. Amendment

This contract contemplates amendment by mutual agreement of the parties. Amendments to this contract shall be in writing and indicate the contract number and incorporate into this agreement.

10. General

Title

This agreement shall be governed by the laws of the state of Illinois. All amendment to said agreement shall be in writing and signed by both parties to be valid unless otherwise noted.

| Johnie Et | 9/27/17 | Galli Barus | 9/27/17 |
|---|-----------|--|--------------|
| Authorized Representative for Gaggle | Date | Authorized Representative for Victor Valley Union High - Victorvill | Date e CA |
| Jennie EA | | LAURI BROWN | |
| Print Name | 1 | Print Name DIRECTOR FISCAL | Carl |
| Director of Sales Op | perations | PIRECTOR PISCUL | |



Gaggle.Net, Inc.

P.O. Box 1352, Bloomington, IL 61702-1352

800-288-7750 Fax: 309-665-0171

FEIN:04-3602422

Gaggle Quote# 41673

Prepared for

Victor Valley Union High - Victorville CA

| Service I | Details | LANGER STEER PROPERTY AND A VALUE STEER | rema kulongrapasan |
|--|--|---|--------------------|
| Service Description | Quantity | Unit Cost | Total Cost |
| Gaggle Safety Management for Google - Students | 10,000 | \$3.75 | \$37,500 |
| Training | 1 | \$2,495.00 | \$2,495 |
| TOTAL* | | ľ | \$39,995 |
| Does not include any applicable sales tax. | and a Defending special section in the second section of the section of the second section of the section of th | | |
| ricing Term: 12 Month | | AND CORE CONTROL | |
| Additional Information: Pricing shown is annual fee. | | | |